

MO# 125230

Due Date: 09/10/15

[illegible]

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

258330

Section A

Required Client Information:

| | |
|---------------------|-------------------|
| Company: | USS Corporation |
| Address: | P.O. Box 417 |
| City: | Mc Iron, MN 55768 |
| Phone: | |
| Requested Due Date: | |

Section B

Required Project Information:

| | |
|------------------|------------------|
| Report To: | Tom Moe |
| Copy To: | |
| Purchase Order # | |
| Project Name: | NIDES-LINE 3 Wky |
| Project # | |

Section C

Invoice Information:


| | |
|------------------|---------------------------|
| Attention: | |
| Company Name: | |
| Address: | |
| Phone: | |
| Project Manager: | heather.zika@pacelabs.com |
| Page Profile # | |

Page : 1 Of 1

| | | | | | | | | | | | | |
|--------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|-----|---------------------------|-----------------|---------------|---------------|-----|-----------------------------------|-------------------------|
| ITEM # | SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample IDs must be unique | MATRIX Drinking Water Waste Water Wastewater Product Soil/Solid Oil Wine Air Other Trace | CODE DW WW WW P SL CL WP AR OT TS | COLLECTED | | SAMPLE TEMP AT COLLECTION | # OF CONTAINERS | Preservatives | Analyses Test | Y/N | Requested Analysis Filtered (Y/N) | Residual Chlorine (Y/N) |
| | | | | START | END | | | | | | | |
| 1 | WS-002 Scrubber Make-Up | | | | | | | | | | | |
| 2 | WS-003 Thicker Overflow | | | | | | | | | | | |

| | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|
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| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|----------------------|-------------------------|------|------|-------------------|
| ADDITIONAL COMMENTS | RELINQUISHED BY AFFILIATION | DATE | TIME | ACCEPTED BY AFFILIATION | DATE | TIME | SAMPLE CONDITIONS |
| | Heather Moe | 8/27/15 | 1528 | | | | |
| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: Heather Moe SIGNATURE of SAMPLER: Heather Moe DATE Signed: 8/27/15 | | | | | | | |
| TEMP in C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N) | | | | |

| | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|
|  | Document Name: Sample Condition Upon Receipt Form | Document Revised: 23Feb2015 Page 1 of 1 |
| | Document No.: F-VM-C-001-Rev.09 | Issuing Authority: Pace Virginia, Minnesota Quality Office |

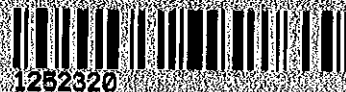
**Sample Condition
Upon Receipt**

Client Name:

USS Corporation

Project #:

WO# : 1252320



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☒ Yes ☐ No

Seals Intact? ☒ Yes ☐ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☒ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808

Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 2.0 Cooler Temp Corrected °C: 2.3

Biological Tissue Frozen? ☐ Yes ☒ No ☐ NA

Temp should be above freezing to 6°C

Correction Factor: 0.3

Date and Initials of Person Examining Contents: 8/26/15 CER

Comments:

| | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Chain of Custody Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. |
| Chain of Custody Filled Out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. |
| Chain of Custody Relinquished? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. |
| Sampler Name and Signature on COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. |
| Samples Arrived within Hold Time? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. |
| Short Hold Time Analysis (<72 hr)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 6. |
| Rush Turn Around Time Requested? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 7. |
| Sufficient Volume? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. |
| Correct Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. |
| -Pace Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Containers Intact? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. |
| Filtered Volume Received for Dissolved Tests? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 11. Note if sediment is visible in the dissolved containers. |
| Sample Labels Match COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. |
| -Includes Date/Time/ID/Analysis Matrix: <u>W</u> | | |
| All containers needing acid/base preservation will be checked and documented in the pH logbook. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | See pH log for results and additional preservation documentation |
| Headspace in Methyl Mercury Container | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 13. |
| Headspace in VOA Vials (>6mm)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. |
| Trip Blank Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15. |
| Trip Blank Custody Seals Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Pace Trip Blank Lot # (if purchased): | | |

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____

Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Kath for mmmw

Date:

8-28-15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)